

MDR Tracking Number: M2-03-1232-01
IRO Certificate# 5259

July 22, 2003

An independent review of the above-referenced case has been completed by a neurosurgeon physician. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

The patient is a 45 y/o male with a past medical history of L4-5 disectomy for radicular pain in ____ with a significant improvement. More recently he was involved in a work related MVA with a subsequent low back, leg, neck, and arm pain. He has undergone extensive conservative treatment consisting of multiple injections in both the lumbar and cervical regions with partial long-term relief at best. MRI C-spine 10-18-2002 shows multilevel degenerative changes with L foraminal stenosis at multiple levels as well as disc bulges at C5-6 and C6-7. MRI L-Spine 3-2-2001 shows dessication of the L3-4, 4-5 and L5-S1 levels with endplate changes at L4-5. Lumbar discography 2-3-03 revealed partial concordance at L3-4 and 4-5 with initial pain at L5-S1, which resolved and was not reproducible. Cervical discography was apparently done which revealed concordant pain at C4-5 with no pain pressurization at the other levels. The last clinic note available for review is 2-28-2003 at which time the patient was deemed not to be a surgical candidate and was sent for a second opinion with another neurosurgeon.

REQUESTED SERVICE (S)

Redo cervical and lumbar discography.

DECISION

Repeat cervical and lumbar discography is NOT recommended as being medically necessary.

RATIONALE/BASIS FOR DECISION

The results of the initial discography did not reveal concordance between what was seen on MRI and the patient's subjective complaints. There is no reasoning provided in the documentation that a repeat study would add any additional information. If the treating physician felt that initial discography was performed in a sub-optimal manner or setting then that information should be submitted.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 23rd day of July 2003.